

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7-11-05      2 Serial/Patent # 10/519940

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND      \$ 100

8 TO BE REFUNDED BY:

10 REASON:

☒ Overpayment  
☐ Duplicate Payment  
☐ No Fee Due (Explanation):

☐ Treasury Check

☒ Credit Deposit A/C #:

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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Andersen

TITLE: Paralegal Specialist

SIGNATURE: [Signature]

PHONE: 308-9140 ext 211

OFFICE: PCT - DO/EO

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*